

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
MECHANICAL AMUSEMENT DEVICE
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. Application must be signed by the applicant before a Notary Public.
2. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
3. Application must be completely filled out by the person responsible for the device(s) and the premises where they will be located. Any omission to the number and the exact type of device will result in the denial of the application.
4. The Department of Housing and Buildings must inspect the premises prior to licensing. Please submit a separate payment in the amount of \$125, payable to the Department of Housing and Buildings, with the enclosed application.
5. No amusement device shall be located, placed, maintained, or operated on any public street, highway, or other public place in the City of Yonkers.
6. Insurance Requirements: Applicant shall furnish a Certificate of Insurance as proof of liability insurance, with limits of not less than twenty-five thousand (\$25,000) for injury to one (1) person, nor less than fifty thousand dollars (\$50,000) for one (1) accident.
Additional insured must read as follows: "City of Yonkers, New York"
Certificate holder must read as follows: "City of Yonkers, Office of Licensing"
THE CERTIFICATE OF INSURANCE MUST CARRY A 30-DAY CANCELLATION CLAUSE.
7. Must complete and submit Hold Harmless Clause, witnessed and dated.

LICENSING FEES AND EXPIRATION DATE

\$100.00/device License expires March 31st following date of issuance.

NAME OF OWNERS/PARTNERS/MEMBERS OF CORPORATION

| NAME (if Corporate Officer, please note title) | RESIDENTIAL ADDRESS | PHONE # |
|---|---------------------|---------|
| | | |
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Mike Spano, Mayor
Kerry O'Brien Hess, Director

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Kiddie Ride

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

| | | | | | | | | | |
|--|--|------|---------|---------|----------------------|-------------|--|------------|--|
| Name: | | | | | Social Security #: | | | | |
| Address: | | | | | | | | | |
| City: | | | State: | | | Zip: | | | |
| Home Phone #: | | | Cell #: | | | E-mail: | | | |
| Date of Birth: | | Sex: | | Height: | | Hair Color: | | Eye Color: | |
| Are you a citizen of the United States? | | | | | | | | | |
| If not, please provide a copy of your INS A Card and # | | | | | | | | | |
| | | | | | | | | | |
| Have you ever been arrested or convicted of a crime? | | | | | | | | | |
| If yes, explain: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Applicant is: <input type="checkbox"/> Individual Owner <input type="checkbox"/> Member of Partnership | | | | | | | | | |
| <input type="checkbox"/> Owner of Machine <input type="checkbox"/> Corporation | | | | | | | | | |
| | | | | | | | | | |
| Name of Company: | | | | | | | | | |
| DBA/Trade or Display Name (If same name, enter N/A): | | | | | | | | | |
| Address: | | | State: | | | Zip: | | | |
| Telephone: | | | E-mail: | | | | | | |
| | | | | | | | | | |
| If incorporated, name of corporation: | | | | | | | | | |
| State in which corporation organized: | | | | | Date of Corporation: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| License #: _____ | | | | | Date Issued: _____ | | | | |

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| Kiddie Ride | |
|---|----------------------|
| Name of business at which devices are to be placed: | |
| Address: | |
| Type of Business: | |
| Is premises owned or leased by applicant? | |
| If leased, complete section below. | |
| Name of Property Owner: | Telephone #: |
| Address: | |
| | |
| Number of devices for which application is made: | |
| Are the devices for which application is made owned by the applicant or vendor? | |
| If owned by a vendor, complete the section below. | |
| Name of Vendor: | Telephone #: |
| Address: | |
| | |
| List below the name(s) and serial number(s) of devices: | |
| <u>Name of Device</u> | <u>Serial Number</u> |
| | |
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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true, and that the photographs attached hereto were taken within thirty (30) days of the date of this application.

Signature/Date: _____ Print name: _____

Notary Public

FOR OFFICE USE ONLY

To: Department of Housing and Buildings

Date: _____

Please investigate the premises named in this application for coin-operated amusement device(s), for the compliance with the law, and indicate your approval or disapproval below with the appropriate comments. Your inspection fee is enclosed with this application.

Check _____ Money Order _____ No. _____ Amount: _____
Approved _____ Disapproved _____

Comments: _____

Inspected by: _____ Date: _____

FOR USE BY THE OFFICE OF LICENSING / CONSUMER PROTECTION/W&M

Inspected by: _____ Date: _____

Approved: _____ Disapproved/Reason: _____

License Issued: _____ License Number: _____

Fee \$ _____ Check: _____ Money Order: _____ No.: _____

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Hold Harmless Clause

This "Hold Harmless Clause" must be signed by an officer of your organization, dated and witnessed.

The Vendor agrees to protect, defend, indemnify and hold the City of Yonkers, et al and its employees free and harmless from and against any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amount of judgments, penalties, interest, court cost, legal fees incurred by the City of Yonkers, et al arising in favor of any party, included in claims, liens, debts, personal injuries, including employees, of the City of Yonkers, et al, death or damages to property (including property of the City of Yonkers, et al) and without limitations by enumeration, all other claims or demands of every character occurring or in anyway incident to, in connection with or arising directly or indirectly out of the said agreement.

Witness

Signature

Dated

Dated

Mike Spano, Mayor
Kerry O'Brien Hess, Director